



12/13/04

EXPRESS MAIL NO. EV602089143US

PTO/SB/21 (08-03)

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TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

Application Number	10/084,700
Filing Date	February 27, 2002
First Named Inventor	Todd W. Seeley
Group Art Unit	1636
Examiner Name	Sumesh Kaushal
Attorney Docket No.	59516-76/PP-01406.004

ENCLOSURES (check all that apply)

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Fee Attached
<input type="checkbox"/> Amendment/Response
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input checked="" type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement; Form PTO-1449
<input type="checkbox"/> Cited References
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<input type="checkbox"/> Response to Missing Parts/Incomplete Application | <input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Request for Corrected Filing Receipt
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address
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<input type="checkbox"/> Statement under 37 CFR 3.73(b)
<input type="checkbox"/> Terminal Disclaimer
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<input type="checkbox"/> Request for Refund | <input type="checkbox"/> CD(s), Number of CD(s)
<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
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|---|--|---|

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Individual Name	Kerry Fluhr, Registration No. 51,686	22504
Signature		
Date	December 10, 2004	

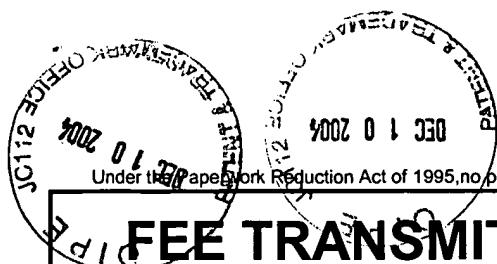
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EXPRESS MAIL NO. EV602089143US

PTO/SB/17 (10-03)

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FEE TRANSMITTAL for FY 2005

Effective 10/01/2003. Patent fees are subject to annual revision.

<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Art Unit	1636
TOTAL AMOUNT OF PAYMENT	(\$) 1270	Attorney Docket No. 59516-76/PP-01406.004

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)				
<input type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None					
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number 04-0258 Deposit Account Name Davis Wright Tremaine LLP								
The Commissioner is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any deficiencies to the above-identified deposit account.								
FEE CALCULATION								
1. BASIC FILING FEE								
Large Entity		Small Entity						
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description		Fee Paid		
1001	790	2001	395	Utility filing fee		<input type="text"/>		
1002	350	2002	175	Design filing fee		<input type="text"/>		
1003	550	2003	275	Plant filing fee		<input type="text"/>		
1004	790	2004	395	Reissue filing fee		<input type="text"/>		
1005	160	2005	80	Provisional filing fee		<input type="text"/>		
				SUBTOTAL (1)		(\$ 0)		
2. EXTRA CLAIM FEES								
Total Claims	<input type="text"/>	- 20** =	<input type="text"/>	Extra Claims	Fee from below	Fee Paid	<input type="text"/>	
Independent Claims	<input type="text"/>	- 3** =	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Multiple Dependent			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Large Entity		Small Entity						
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description				
1202	18	2202	9	Claims in excess of 20				
1201	88	2201	44	Independent claims in excess of 3				
1203	300	2203	150	Multiple dependent claim, if not paid				
1204	88	2204	44	** Reissue independent claims over original patent				
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent				
				SUBTOTAL (2)		(\$ 0)		
*Reduced by Basic Filing Fee Paid								
						SUBTOTAL (3) <input type="text" value="(\$ 1270)"/>		
Other fee (specify) _____								
**or number previously paid, if greater. For Reissues, see above.								

SUBMITTED BY				(Complete if applicable)	
Name (Print Type)	Kerry Fluhr	Registration No. (Attorney/Agent)	51,686	Telephone	206-903-3932
Signature				Date	December 10, 2004

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